

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: [] IXC

☒ CLEC

[] ILEC

[] Wireless

205-12-h

CERTIFICATED COMPANY INFORMATION

Momentum Telecom Inc

Company Name

FEIN/SSN

205-978-4400

Telephone #

Db/a/fka

880 Montclair Rd Suite 400

Mailing Address

Birmingham AL 35213

City, State, Zip Code

same

Business Location

Jefferson

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: CT CORP

Mailing Address: 2 Office Park Court Suite 103 Columbia SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- Jennifer Jacobs
- A. General Manager (Include Address if different than above)
205 978 4454 / jjacobs@momentumtelecom.com
 Telephone Number / Facsimile Number / E-mail Address
- Kelly Windham
- B. Customer Relations/Complaints Representative (Include Address if different than above)
205 978 4431 / kwindham@momentumtelecom.com
 Telephone Number / Facsimile Number / E-mail Address
- Same as B
- C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)
 Telephone Number / Facsimile Number / E-mail Address
877-251-5554
- C2. Customer Contact (Toll Free Number)
- Corey Thornburg
- D. Engineering Operations (Include Address if different than above)
205 978 4479 / cthornburg@momentumtelecom.com
 Telephone Number / Facsimile Number / E-mail Address
- E. Test and Repair (Include Address if different than above)
 Telephone Number / Facsimile Number / E-mail Address
- F. Emergencies (During Non-Office Hours)
Cell 205 453 3662 /
 Telephone Number / Facsimile Number / E-mail Address

RECEIVED
 MAR 8 11 2011
 PSC/SC
 CLERK'S OFFICE

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Kelly Windham
Regulatory Officer (Name & Title)
880 Montclair Rd Suite 400 Birmingham AL 35213
(Mailing Address)
205 978 4431 / kwindham@momentumtelecom.com
Telephone Number / Facsimile Number / E-mail Address

H. **Annual Report Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

I. **Dual Party Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

J. **Interim LEC Fund Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

K. **Universal Service Fund Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

L. **Gross Receipts Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

M. **Lifeline Mailings (Name & Title)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

Kelly Windham
This form was completed by
Regulatory Manager
Title

Kelly Windham
Signature
3/25/15
Date

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201